

Injured Spouse Allocation

OMB No. 1545-0074

▶ See instructions.

Attachment
Sequence No. **104****Part I Information About the Joint Tax Return for Which This Form Is Filed**

- 1** Enter the following information exactly as it is shown on the tax return for which you are filing this form.
The spouse's name and social security number shown first on that tax return must also be shown first below.

First name, initial, and last name shown first on the return	Social security number shown first	If Injured Spouse, check here ▶ <input type="checkbox"/>
First name, initial, and last name shown second on the return	Social security number shown second	If Injured Spouse, check here ▶ <input type="checkbox"/>

Note. If you are filing Form 8379 with your tax return, skip to line 5.

- 2** Enter the tax year for which you are filing this form (for example, 2004) ▶ _____

- 3** Current home address _____ City _____ State _____ ZIP code _____

- 4** Is the address on your joint return different from the address shown above? ☐ Yes ☐ No

- 5** Check this box only if you are divorced or separated from the spouse with whom you filed the joint return
and you want your refund issued in your name only ☐

- 6** Was your main home in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New
Mexico, Texas, Washington, or Wisconsin) at any time during the year entered on line 2? ☐ Yes ☐ No
If "Yes," which community property state(s)? _____

Note. Overpayments affected by state community property laws will be allocated by the IRS according to those laws.

Part II Allocation Between Spouses of Items on the Joint Tax Return (see instructions)

Allocated Items	(a) Amount shown on joint return	(b) Allocated to injured spouse	(c) Allocated to other spouse
7 Income: a. Wages			
b. All other income			
8 Adjustments to income			
9 Standard or Itemized deduction			
10 Number of exemptions			
11 Credits			
12 Other taxes			
13 Federal income tax withheld			
14 Payments			

Part III Signature. Complete this part only if you are filing Form 8379 by itself and not with your tax return.

Under penalties of perjury, I declare that I have examined this form and any accompanying schedules or statements and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this form for your records	Injured spouse's signature		Date	Phone number (optional) ()
	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN : Phone no. ()